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Food Service Personnel Training and Employment Needs of Nursing Homes in West Tennessee

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To the Graduate Council:

I am submitting herewith a thesis written by Bettye Hopper Smith entitled "Food Service Personnel Training and Employment Needs of Nursing Homes in West Tennessee." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Food Science and Technology.

M.J. Hitchcock, Major Professor

We have read this thesis and recommend its acceptance:

Betty L. Beach, Grayce E. Goertz

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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June 1, 1971

To the Graduate Council:

I am submitting herewith a thesis written by Bettye Hopper Smith entitled "Food Service Personnel Training and Employment Needs of Nursing Homes in West Tennessee." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Institution Administration.

M. J. Hatcher
Major Professor

We have read this thesis and
recommend its acceptance:

Betty L. Beach
Grayce E. Goetz

Accepted for the Council:

Horton A. Smith
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FOOD SERVICE PERSONNEL TRAINING AND EMPLOYMENT
NEEDS OF NURSING HOMES IN WEST TENNESSEE

A Thesis
Presented to
the Graduate Council of
The University of Tennessee

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Bettye Hopper Smith

August 1971

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ABSTRACT

Training and employment needs of food service employees in selected West Tennessee nursing homes were investigated. Personnel problems, managerial qualifications, and labor turnover also were studied. Information was obtained by means of questionnaires and personal interviews. A randomized sample consisted of 14 large nursing homes (50 beds and over) and 11 small nursing homes (25 to 50 beds).

Less than half of the nursing homes surveyed were conducting or participating in training programs. Where training was taking place, the skills and knowledge considered most important for the particular group were not always the ones being taught. Managers of large nursing homes considered training to be the responsibility of the nursing home. Managers of small nursing homes indicated in most cases that the responsibility for training should be shared by the nursing home and outside agencies.

Lack of qualified personnel was the most frequent response to questions concerning problems related to personnel. Other problems mentioned were labor turnover, low pay, personnel attitudes, use of special equipment and sanitation.

Qualifications for food service managers as desired by administrators generally were education and experience in the food service industry. Present available positions for dietitians and food service managers were indicated, but no current need for food

preparation workers, food service workers, or food sanitation workers was reported. However, anticipated future employment needs included personnel for each employee category with food preparation worker most frequently forecasted to be needed.



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CHAPTER I

INTRODUCTION

The importance of training for personnel in nursing home food services has been widely recognized (Stewart et al., 1970). Rising costs have made the food service manager acutely aware of the need for an efficient and productive labor force. Industry has recognized that the extent of training determines the efficiency of an organization and therefore has spent large amounts of money in training employees (Strauss et al., 1967). Proper training improves skills, knowledge and productivity as well as reducing labor turnover and creating a feeling of competence and respect (Anon., 1970a).

Through the years the food service industry has had difficulty with such problems as high employee turnover rates, low salaries, poor working conditions and the lack of prestige or status generally associated with food service employment (Lundberg et al., 1964). Some authorities feel that as much as 80 to 90 percent of the food service work force may be composed of this group (Welch, 1966). Hall (1970) pointed out that the most crucial problem the food service industry faces in the new decade is to obtain trained personnel and to retrain the vast numbers of qualified men and women needed to support the industry's growth. New ideas and approaches must be found. If not, expansion probably will not keep up with public demands for quality product and service. McConnell et al. (1970) reported that with

expanding hospitals and extended care institutions, there is a growing need for trained hospital personnel. A continuing training program could increase enthusiasm, enhance morale, and encourage personnel to develop their skills. Food systems are faced with demands not known a decade ago (Zobler et al., 1970) such as increased production, quality service, and maintenance of an optimal balance between labor and food costs. Labor, space, equipment, and supervisory costs in dietary departments are escalating, and trained manpower resources are limited. Piper (1970) and Graning (1970) noted that one answer to the problem lies in the training of more dietary technicians, food service managers, and dietary aides to relieve the dietitian of some of the routine duties. Health facilities may be advised to provide courses of instruction to upgrade the skills of food service personnel.

The growth of technology in health care units, according to Kopelke (1970), has created a gap between many employees' abilities and the increased technical demands of their jobs. Improvement of employee skills is a growing need in all health care units.

Because of these increased demands and the need for improvement of employee skills in the food service industry, the present study was conducted to identify the personnel training needs, skills and knowledge of food service personnel in selected nursing homes in West Tennessee.

The purposes of this study were: (1) to identify present training needs for food service personnel in selected nursing home dietary departments in West Tennessee; and (2) to contribute basic factual information needed for the development of educational programs for the food service industry throughout the state.

CHAPTER II

REVIEW OF LITERATURE

In contrast to the problems of the food service in social institutions that cater largely to "those who have" are the problems of institutions established as an aid to "those who have not" (West et al., 1966). These organizations serve low-income groups and frequently provide complete care for the young, the old, and the physically and mentally handicapped. With 20 million senior citizens in the nation's nursing homes, the industry's administrators and dietitians are faced with a future of problems, pitfalls, and profits. The fantastic growth of the nursing home industry, particularly since 1954, is in direct response to this most pressing need. While this growth is in part attributable to a growing concern for the problems of the aged, massive government programs launched in connection with the social security system have had the most marked effect. The American National Nursing Home Association, through a recent survey, set the growth rate of licensed nursing homes at 151 beds per day, seven days a week (Sanstadt, 1970). According to West et al. (1966) the inclusion of trained food supervisors on the staff of these homes is not always financially possible, but progress is being made, as indicated by an increasing number of appointments of state dietitians.

I. MANPOWER NEEDS

According to Piper (1970) an estimated 3.5 million persons were employed in health occupations in 1967. By 1975, the figure estimated to be more than five million. At present, more than 806,500 persons are working in what are termed the "allied health" occupations (dietitians, technicians, and supportive workers) and by 1975, nearly a 40 percent increase is expected. By 1980, a figure of over 1.3 million or approximately one-fifth of the total health manpower is predicted to be needed for increased patient care. Kotschevar (1969) estimated a need for 300,000 new workers each year in the food service industry until 1980, an approximate 7 percent increase annually. Winter (1969) provided an estimate of 150,000 openings annually in the industry through the mid 1970's. However, he attributed most of the demand for additional employees to the result of turnover. In contrast, Burritt (1967) predicted fewer employees in the kitchens of tomorrow in that a continuous increase of labor expense for the industry was anticipated.

According to Jones (1970), nursing homes need more employees due to individual attention, as well as a highly technical staff and well-trained management teams, than do food and motel services. In such a relatively young industry, well-trained management teams are in short supply. A 1968 Manpower Administration survey of the nursing home industry, conducted through the nation's training and employment services, revealed that: (1) as of March, 1968, there were 25,000 unfilled job vacancies in the industry; and (2) resignations in nursing

homes were exceptionally high among nurses' aids, maintenance workers, cooks and other food service workers (Anon., 1970b).

Kotschevar (1970) reported that the Economic Development Administration of the U. S. Department of Commerce predicted that by 1975 the 25 largest cities in the country will have a potential shortage of 2.9 million jobs, causing a competitive labor market. Low wage rates prevalent in the food service industry cause workers to be drawn away to more money and fringe benefits. This will compound the shortage already caused by an increase in volume. The food service industry is being outbid by other fields for personnel. However, wages are rising of necessity; and the question is, once wages become competitive, will other industries continue to outbid the food service industry in the intangibles, offering pride, status, accomplishment, a future, and a conviction that management cares about them (Anon., 1970a).

It is true that substantially increased numbers of health manpower are and will be needed. However, if additional personnel are employed in the present manner and within the present patterns and systems of care, they will not avert, or even alleviate, the crisis. Unless the system is improved, health care will continue to become less satisfactory, even though there are massive increases in cost and numbers of personnel (Graning, 1970). O'Donovan (1969) stated that the procurement and maintenance of a high quality executive staff is crucial to the survival of the health care facilities system. The future depends upon the vitality of its managerial structure. Key people must be energetic,

dynamic, and imaginative; they must be able to come up with new ideas and improvements consistent with the rapidly changing technological environment and methods.

II. TRAINING NEEDS

Need for Education

The growth of technology in health care units, according to Kopelke (1970), has created a gap between many employees' abilities and the increased technical demands of their jobs. In the past, sophisticated academic skills were not necessary for satisfactory employee performance in supportive services such as housekeeping, maintenance, food service, and laundry. Therefore, employees with less than a high school education could function effectively in these and many other positions. The demands of hospitals' increasingly complex services have necessitated changes in job scope which require the establishment of specialized jobs to perform the tasks at hand. Improvement of employee skills is a growing need in all health care units.

Perry (1970) stated that the greatest need in educational programs at all levels is close communication among all individuals and at all levels. Decisions for change, then, can be based on collaborative efforts and plans, the real precursors of a learning atmosphere where attitudes and feeling are as important as techniques and skills. According to Perry, new programs in the allied health professions

represent one of the most far-reaching innovations in education for health careers in several decades. Educational programs must be designed with statements of objectives and evaluation of role, functions, and duties to match the prepared job descriptions and analysis. An orderly transition from the traditions of the past to the goals and needs of the future was noted by Skarupa (1969). Administrators must establish a system which assures that the effort for change is continuous, proper, and systematic. Education in an educational institution and in a service agency are acknowledged to be separate and distinct, but their efforts can be complementary. Manpower needs are so great that many of the educational institutions have little time or money available for continuing education.

Hospital personnel directors were noted by Urbine (1970) as becoming increasingly aware of the lack of applicants for practically all levels and divisions of labor.

Existing Training Programs

According to McConnell et al. (1970), with hospitals expanding and extended care institutions multiplying, there is a growing need for trained hospital personnel. Some form of a continuing training program could increase enthusiasm, enhance morale; and encourage personnel to develop their skills to a higher degree. Hall (1970) pointed out that the most crucial problem the food service industry faces in the new decade is obtaining training and retraining the vast numbers of qualified men and women needed to support the industry's

growth. New ideas and new approaches must be found and implemented in a unified industry front. Otherwise, expansion may not keep up with expanded public demands for quality product and service. Bennett (1968) also stated that one of the greatest problems relating to the hospital manpower shortage is the absence of long-range training and development programs which are integrated and coordinated. One of the most important aims in dealing with the problem should be to strengthen the training and personnel programs of the hospital as well as utilization of those outside the hospital.

Weimer (1966) thought that a practical answer to the problem of few and poorly qualified applicants in the food service industry might be more emphasis on training programs. This would contribute to the use of existing hospital personnel in an efficient and effective manner.

According to Moore (1964), lack of time and shortage of professional staff result in few well organized training programs for food service employees. Piper (1970) and Graning (1970) noted that one answer to the problem lies in the training of more dietary technicians, food service managers, and dietary aides to relieve the dietitian of some of the more routine duties. Upgrading the skills of these assistants, provides a challenge to the dietitian and management to use their professional talents to enable them to function at their optimum performance level. Health facilities may be advised to provide similar courses of instruction to upgrade the skills of food service personnel.

A 1963 survey regarding food service management in American Hospital Association member hospitals showed a shortage of professional dietitians and emphasized the need for trained food service supervisors (Anon., 1964). In another study in the District of Columbia, public school and hospital personnel agreed that the food service supervisors were the group most in need of training. This also is a group for which training would be beneficial. A training program was developed by the Industrial and Adult Education Department of the public school system under the guidance of hospital dietitians. Classes included organization and management of food service, basic foods and nutrition courses, sanitation, and use and care of equipment. Programmed instruction, which was developed at the University of Missouri Medical Center was used successfully in the teaching of food sanitation to non-professional personnel (Styer et al., 1963). According to Moore et al. (1967), one of the most important uses of such training media is to teach technical information needed in hospitals, nursing homes, schools, and restaurants. Sumbingco et al. (1969) and Chidester (1967) also recognized programmed instruction as a great potential for training workers who are unaccustomed to studying and reading.

In a study by Peay (1969), 25 licensed Tennessee hospitals, which were considered representative of size, geographical location, type of food service and planned expansion, were selected for a pilot study of personnel training and employment needs of hospital food services. Fifteen of the 25 administrators considered employee training to be one

of their major problems relating to food service personnel. Other problems frequently mentioned were employee turnover and personnel shortage. The qualifications administrators desired in food service managers were American Dietetic Association membership, technical knowledge in the dietary field, administrative or managerial skills and knowledge of human relations. Managers stated that food service workshops would be the most helpful type of continuing education program for their particular job. As the skill and level of training decreased, more training programs were reported by hospitals. Food service managers indicated that training should be a hospital responsibility in such areas as menu and diet terminology, work simplification, food item terminology and storage, and some aspects of food preparation. They generally agreed that training for managerial personnel could be done best by an outside agency in the majority of the areas listed. With the exception of managerial personnel, training for food service personnel in most of the areas listed was considered a shared responsibility.

In a study by Alphin (1970), employment and training needs of food service employees in selected Middle Tennessee hospitals were investigated. Training needs were a frequently mentioned personnel problem. Other problems were undesirable work schedules, low wages, and poor management of employees. Labor turnover was mentioned by some administrators and tended to increase as hospital size increased. In contrast to Peay's study, managers tended to indicate that training should be the responsibility of the hospital rather than a shared responsibility.

Training is important, not just to get the job done but because the new employees will achieve success which makes them feel competent and respected (Anon., 1970a). The possibility of inservice training of personnel already on the job also should not be overlooked. Participation in workshops and conferences, as well as formal instruction, can be of enormous importance in gaining the support of all personnel in working to improve the nutritional aspects of patient care (Graning, 1970).

CHAPTER III

PROCEDURE

This study was part of a larger survey designed to evaluate the needs for trained food service personnel in health care facilities in Tennessee (Peay, 1969; Foster, 1970; Alphin, 1970). A survey of selected nursing homes was conducted by means of questionnaires and personal interviews.

Questionnaires II and III (Appendix A) were pretested in three nursing homes in Jackson, Tennessee, before being mailed to the selected nursing homes. These were not included in the selected samples.

I. SELECTION OF NURSING HOMES

Letters were sent to 45 licensed nursing homes¹ in West Tennessee. Those of less than 25 beds were eliminated since it was assumed that the food service departments in these were too small to obtain the information needed for this investigation. Questionnaire I (Appendix A) was sent to the 45 nursing homes. Random selection of 25 nursing homes was made from the group responding to Questionnaire I. These were grouped according to bed capacity into two categories: (1) 25-50 beds; and (2) 50-300 beds. The small category consisted of 11 nursing homes and the

¹Taken from the Directory of Nursing Homes, 1969 (Nashville: Hospital Licensing Board, Nashville, Tennessee).

large group of 14. The total sample used in this study consisted of nursing homes ranging from 26 to 300 beds (Table VII, Appendix A).

II. SURVEY OF NURSING HOMES

Questionnaire II (Appendix A) was numbered, coded and mailed to all nursing homes selected, with a letter of explanation requesting appointment for a personal interview with the administrator and the food service manager. The questionnaire contained a description of five job classifications (managerial, supervisory, food preparation worker, food service worker, and food sanitation worker) and the tasks, skills and knowledge required of personnel in each classification. The food service manager was asked to list any additional tasks he thought were required for any classification. He also indicated the areas in which he thought training should be a nursing home responsibility; the responsibility of governmental, educational or professional agencies; a shared or mutual responsibility between nursing homes and other agencies; and the areas in which the food service personnel in that nursing home had previously been trained. The manager was asked to indicate the areas of skills and knowledge which were most important for proficient job performance.

Part I of Questionnaire III (Appendix A) was completed at the time of the interview with the nursing home administrator. If the administrator was not available for the scheduled interview, his assistant was interviewed. Open-end type questions were asked concerning the administrator's major problems related to food service personnel; the qualifications required for food service managers, and present and future

positions available for dietitians and managers. Part II of Questionnaire III was completed during the interview held with the person in charge of the food service department. Questions were asked pertaining to the educational background of the food service manager, types of continuing education programs attended by food service personnel, and the type considered most valuable. Questionnaire III included pertinent information related to plans for additional food service employees. Categories including vacancies which occurred at the time of the survey, occurred most often and were most difficult to fill. Questionnaire II, which had been mailed to the manager, was collected at the time of the interview.

Data obtained from nursing home administrators and food service managers were tabulated and a percent of the total of employee responses calculated for each of the two nursing home categories.

CHAPTER IV

RESULTS AND DISCUSSION

Personnel training and employment needs of food service departments in 25 randomly selected nursing homes in West Tennessee were studied. Nursing homes were grouped into two categories, large (50 and over beds) and small (25-50 beds). The large group consisted of 14 nursing homes and the small group of 11 homes. A survey of the food service departments in these nursing homes was conducted by use of questionnaires and personal interviews with the nursing home administrator and the food service manager.

I. GENERAL CHARACTERISTICS OF NURSING HOME FOOD

SERVICE DEPARTMENTS

Of the 45 licensed nursing homes receiving Questionnaire I (Appendix A), 33 homes (73 percent) responded. The 25 nursing homes surveyed were selected from this group. Of the 14 nursing homes in the large category, 13 (92 percent) reported that the food service department was operated by the nursing home (Table I). One was operated by a contracted food service. Eight of the food service departments (73 percent) in the small nursing home group were operated by the nursing home, one by contracted food service, and two were operated by a hospital. Administrators of 73 percent of the small nursing homes reported that the food service department received regular services of

TABLE I

TYPES OF MANAGEMENT OF FOOD SERVICE DEPARTMENTS AND EMPLOYMENT OF DIETITIANS AND CONSULTANTS IN THE NURSING HOME SAMPLE^a

Management	Nursing Home Capacity	
	Large ^b	Small ^c
Nursing Home	92	73
Contracted Food Service	7	9
Hospital	--	18
Dietary Consultant	71	73
Registered Dietitian	7	--

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

a dietary consultant. Administrators of 71 percent of the large nursing homes indicated the use of a dietary consultant in the food service. One nursing home in the large group had a dietitian in charge of the food service department. Ten of the large nursing homes (71 percent) served meals to personnel as well as to residents, and six (43 percent) served meals to visitors. Six of the 11 small nursing homes (54 percent) served meals to personnel as well as residents, and three served to others in addition to personnel and residents.

Two of the large homes indicated definite plans for expansion within the next five years. However, 71 percent reported no plans for an expansion program within that time period. One of the large homes planned for an expansion of 16 beds, another for an expansion of 41 beds. A third recognized a possibility for a 30 bed expansion but had not made definite plans.

In the small nursing homes 36 percent of the homes expressed plans for expansion and 64 percent reported no planned expansion within five years. Plans for expansions of the small nursing homes included 20, 30, 36, and 48 additional beds.

II. TRAINING RESPONSIBILITIES

Questionnaire II (Appendix A), which was mailed to food service managers, asked for opinions concerning the responsibilities and importance of training for nursing home food service personnel.

Managerial Category

None of the large nursing homes in the group surveyed were conducting any type of managerial training at the time of the survey (Table II). One small nursing home indicated training in quantity food preparation and service, menu planning, and use and care of equipment. Managers from 93 percent of the large and 44 percent of the small nursing homes thought management principles to be the most important skills and knowledge for this category. Human relations was second in importance to managers of both large and small nursing homes. Layout and design of equipment and plant was considered least important by managers of large homes. Layout and design of equipment, use and care of equipment, quantity food preparation and service, record keeping, and personnel administration were considered least important by managers of small homes. These findings are in agreement with those of Peay (1969), Alphin (1970) and Wilson (1970).

In general, managers of large nursing homes indicated training as the responsibility of an outside agency. Large nursing homes considered the nursing home and outside agencies equally responsible for training in personnel administration. Managers of small nursing homes indicated managerial training to be the responsibility of the nursing home more frequently than of an outside agency. Menu planning was considered a shared responsibility. Peay (1969) and Wilson (1970) also found that more food service managers considered that managerial training should be the responsibility of an outside agency. However, Alphin (1970)

TABLE II
FOOD SERVICE MANAGERS' RESPONSES^a RELATING TO MANAGERIAL TRAINING

Skills and Knowledge	Presently Training		Most Important		Responsibility					
					Nursing Home		Outside Agency		Shared	
	Large ^b	Small ^c	Large	Small	Large	Small	Large	Small	Large	Small
Management principles	--	--	93	44	43	44	36	36	29	18
Food procurement	--	--	21	9	43	64	36	27	21	9
Record keeping (financial, personnel)	--	--	21	--	57	91	36	9	7	--
Human relations	--	--	43	27	36	54	43	18	21	27
Communications	--	--	14	9	36	27	43	36	21	36
Layout and design of equipment and plant	--	--	--	--	43	54	29	36	29	9
Human nutrition and food science	--	--	14	18	14	18	64	54	21	27
Quantity food preparation and service	--	9	21	--	29	27	43	44	29	27
Menu planning	--	9	21	9	21	18	50	18	29	64
Personnel administration	--	--	21	--	43	64	43	18	29	18
Use and care of equipment	--	9	21	--	29	36	50	36	21	27

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

reported that managers of both the small and large hospitals designated training to be the responsibility of the hospital or a shared responsibility.

Supervisory Category

One large nursing home indicated training was being conducted for the skills and knowledge listed with the exception of human relations, communications, and mathematics as related to cost control. Nine percent (one) of the small nursing homes indicated training only in the use and care of equipment (Table III).

Managers of large nursing homes regarded principles of nutrition and diet therapy as most important for supervisors and mathematics as related to cost control as least important. Alphin (1970) also found that managers regarded principles of nutrition and diet therapy as important knowledge for supervisors. Managers of small nursing homes indicated more frequently that human relations is the most important skill for a supervisor with use and care of equipment, mathematics as related to cost control, and effective use of non-supervisory personnel maintaining records least important. In general managers of large nursing homes considered training for the supervisory category to be the responsibility of the nursing home for all areas of skills and knowledge except principles of nutrition and diet therapy which in most cases was considered as the responsibility of an outside agency. Opinions from managers in large nursing homes concerning responsibility for training in menu terminology and communications were equally divided

TABLE III

FOOD SERVICE MANAGERS' RESPONSES^a RELATING TO SUPERVISORY TRAINING

Skills and Knowledge	Presently Training		Most Important		Responsibility					
					Nursing Home		Outside Agency		Shared	
	Large ^b	Small ^c	Large	Small	Large	Small	Large	Small	Large	Small
Menu terminology	7	--	14	9	36	54	29	9	36	36
Principles of nutrition and diet therapy	7	--	50	27	36	18	50	44	27	36
Use and care of equipment	7	9	21	--	57	64	14	18	27	18
Human relations	--	--	36	36	43	36	29	18	27	44
Communications	--	--	36	18	36	18	29	27	36	54
Sanitary and safety standards	7	--	43	27	57	27	21	36	43	36
Mathematics as related to cost control	--	--	7	--	57	27	21	44	36	27
Principles and standards of quantity food service and preparation	7	--	36	9	57	18	29	36	29	44
Effective use of non- supervisory personnel maintaining records	7	--	7	--	64	82	14	9	36	9

^aExpressed as percents.^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

between the nursing home and shared. Peay (1969) reported that more than half of the total managers in her study indicated that all training for supervisors should be a shared responsibility.

Training related to human relations, communications, and principles of quantity food service and preparation were considered shared responsibilities in small nursing homes. Training in use and care of equipment, and mathematics as related to cost control was regarded as an outside agency responsibility. Menu terminology, use and care of equipment, and effective use of non-supervisory personnel maintaining records were considered nursing home responsibilities.

Food Preparation Workers

Only 21 percent or less of the managers of large nursing homes indicated present training for all listed skills and knowledge in this category. All employees of one large nursing home attended inservice training related to all areas except human relations, communications, and safety-food and personal. Managers of small nursing homes indicated no current training being done (Table IV). Managers of 79 percent of the large nursing homes and 64 percent of the small homes considered sanitation and personal hygiene the most important skills and knowledge for food preparation workers. This agreed with the findings of Peay (1969). However, Alphin (1970) and Wilson (1970) found that the area considered most important by managers was principles of quantity food preparation and service. In the present study, menu terminology and basic mathematics were considered least important by managers of large nursing homes.

TABLE IV

FOOD SERVICE MANAGERS' RESPONSES^a RELATING TO TRAINING OF FOOD PREPARATION WORKERS

Skills and Knowledge	Presently Training		Most Important		Responsibility					
					Nursing Home		Outside Agency		Shared	
	Large ^b	Small ^c	Large	Small	Large	Small	Large	Small	Large	Small
Human relations	14	--	27	18	50	27	14	--	29	73
Communications	14	--	14	9	43	27	14	9	36	64
Sanitation and personal hygiene	14	--	79	64	43	27	14	18	50	54
Menu terminology	14	--	--	9	50	44	14	9	29	44
Principles of nutrition as related to food preparation	14	--	21	--	50	18	21	36	21	44
Use of standardized recipes	14	--	29	--	57	18	14	18	21	64
Principles of quantity food preparation	14	--	14	9	57	18	--	18	29	64
Food preparation for modified diets	21	--	21	--	36	9	14	27	36	64
Quality standards of food-- proper food handling and storage	14	--	29	--	50	9	29	9	29	89
Use and care of equipment	21	--	29	--	57	36	14	18	21	44
Safety--food and personal	21	--	14	--	50	44	14	9	36	44
Basic mathematics	14	--	--	9	29	18	21	44	36	36
Work simplification	14	--	14	--	64	27	--	27	29	44
Supervisory techniques	21	--	7	9	50	27	--	27	36	44

^aExpressed as percents.^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

Managers of large nursing homes generally regarded training as a nursing home responsibility except in the areas of sanitation and personal hygiene and basic mathematics which were considered shared responsibilities. Opinions concerning food preparation for modified diets were equally divided between nursing home and shared responsibilities. Managers of small nursing homes considered training of food preparation workers to be a shared responsibility in all skills and knowledge areas listed.

Food Service Workers

A manager from one nursing home in the large group indicated that they were training food service workers in the areas of use and care of equipment and limited knowledge of modified diets (Table V). Managers of 79 percent of the large nursing homes and 73 percent of the small homes regarded sanitation and personal hygiene as the most important of the skills and knowledge listed. Peay (1969) also reported sanitation and personal hygiene as being most important for this employee category.

Fifty percent or more of the managers of large nursing homes thought that the responsibility for training food service workers should be assumed by the nursing home in all areas of skills and knowledge. In contrast, managers of small nursing homes felt that the training responsibility should be shared by the nursing home and an outside agency with the exception of training concerning menu terminology which they felt should be the responsibility of the nursing home.

TABLE V

FOOD SERVICE MANAGERS' RESPONSES^a RELATING TO TRAINING OF FOOD SERVICE WORKERS

Skills and Knowledge	Presently Training		Most Important		Responsibility					
					Nursing Home		Outside Agency		Shared	
	Large ^b	Small ^c	Large	Small	Large	Small	Large	Small	Large	Small
Human relations	--	--	29	18	50	36	14	--	21	64
Communications	--	--	14	--	50	36	14	9	29	54
Sanitation and personal hygiene	--	--	79	73	50	36	21	18	29	44
Safety--food and personal	--	--	14	--	50	44	21	9	29	44
Food display and service	--	--	14	--	57	36	14	9	14	54
Quality standards for food	--	--	14	--	50	18	14	9	21	73
Use and care of equipment	7	--	21	--	57	36	7	9	21	54
Menu terminology	--	--	7	--	64	54	14	--	7	44
Limited knowledge of food preparation	--	--	7	9	71	36	--	9	14	64
Work simplification	--	--	7	--	64	44	--	9	21	44
Limited knowledge of modified diets	7	--	7	--	50	27	7	18	21	54

^aExpressed as percents.^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

Food Sanitation Workers

Only one large nursing home indicated current training of food sanitation workers in all areas of skills and knowledge listed (Table VI). Two homes had training in sanitation and personal hygiene. Managers of 93 percent of the large homes and 82 percent of the small homes considered sanitation and personal hygiene the most important of skills and knowledge for this employee category.

Fifty-seven percent or more of the managers of large homes regarded training of food sanitation workers as a nursing home responsibility. Forty-four percent or more of the small nursing home managers thought the responsibility for training in most areas should be shared, with the exception of work simplification, which was thought to be the responsibility of the nursing home.

III. PROBLEMS RELATED TO FOOD SERVICE PERSONNEL

Nursing home administrators were asked what they considered to be the major problems related to food service personnel. The results are given in Table VIII, Appendix B. The problem most frequently mentioned (14 percent of the large nursing home group and 18 percent of the small group) was lack of qualified people. A lack of qualified food service workers also was found by Peay (1969), Alphin (1970) and Wilson (1970) in their studies. Two administrators of the large nursing home group (14 percent) indicated that sanitation was a major problem. Other problems mentioned were use of special equipment, low

TABLE VI

FOOD SERVICE MANAGERS' RESPONSES^a RELATING TO TRAINING OF FOOD SANITATION WORKERS

Skills and Knowledge	Presently Training		Most Important		Responsibility					
					Nursing Home		Outside Agency		Shared	
	Large ^b	Small ^c	Large	Small	Large	Small	Large	Small	Large	Small
Human relations	7	--	36	9	64	36	14	--	21	64
Communications	7	--	14	--	64	36	7	9	29	64
Sanitation and personal hygiene	14	--	93	82	57	36	7	18	43	44
Safety--food and personal	7	--	14	--	64	44	14	9	36	44
Use and care of equipment	7	--	21	--	64	27	7	18	29	54
Work simplification	7	--	14	--	71	54	7	--	21	44

^aExpressed as percents.^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

pay and personnel attitudes. One administrator from the large group mentioned labor turnover as a problem. Forty-three percent of the large group and 36 percent of the small group indicated no major problems related to food service personnel. This was usually attributed to stable employees and little employee turnover. In Alphin's study (1970), one-third of the small hospitals' administrators indicated that there were no problems related to food service personnel. Wilson (1970) reported that two administrators from small hospitals (25-100 beds) in West Tennessee did not list any problems of major concern. All problems listed by hospital administrators in Wilson's study were related to persons in submanagerial categories. Difficulty with managerial personnel was not reported.

IV. QUALIFICATIONS DESIRED FOR FOOD SERVICE MANAGERS

Nursing home administrators were asked to list qualifications they would look for when hiring a person to be in charge of the food service. Responses to this question are listed in Table IX, Appendix B. Experience was the qualification desired most often by administrators of both groups (71 percent of the large nursing homes and 44 percent of the small homes). This agrees with Alphin's study (1970). Hospital administrators in the study by Peay (1969) indicated American Dietetic Association membership as the most desirable qualification. Education was mentioned in the present study as a desired qualification by 29 percent of the administrators of large nursing homes. Fourteen percent of the large and 27 percent

of the small group considered training a desired qualification, although none of the administrators reported training to be a major problem. Administrators of 29 percent of the large nursing homes listed neatness and interest in job as desirable qualities. Administrators of 27 percent of the small nursing homes listed neatness and ability to get along with others. Other qualifications mentioned were job knowledge, dedication, leadership, reliability, ability to supervise personnel and ability to prepare therapeutic diets. The outstanding qualities desirable for food service managers in the minds of administrators were good educational background, previous experience and training in the food service field.

V. EDUCATION AND WORK EXPERIENCE OF FOOD SERVICE MANAGERS

The food service managers were asked about their formal education and work experience. Twenty-seven percent of managers in small nursing homes had previous work experience in the food service field. Their experience ranged from one year to 15 years or longer. Fifty-seven percent of the managers in large homes had previous experience ranging from one year to 15 years or longer. The managers also were asked about the length of their present employment (Table X, Appendix B). In the large nursing homes, three managers had been employed for less than one year, three were employed from one to four years, one between 10 and 14 years, six between five and nine years, and one had been at the same location for 15 years or longer. In the small nursing homes, three

managers had been employed by their present institution for one to four years, five for five to nine years, and two for 10 to 14 years.

Only one of the managers of a small nursing home was a college graduate compared to two of the managers in the large group. One of the small home managers had completed 13 years of formal education and one had completed 14 years. Two of the managers from the small group had high school diplomas compared to eight high school graduates in the large group. Five managers from small nursing homes never completed high school; two large nursing home managers did not complete high school. All managers of both groups had completed a minimum of eight years of school. During formal education, 7 percent of the managers of large nursing homes and 18 percent of the managers of small homes had received training in the food service field. Only one manager from the large group and one from the small group were members of the American Dietetic Association.

Food service managers were asked if they had attended continuing education or training programs in the food service field during the last two years (Table XI, Appendix B). None of the managers reported attendance of nursing home sponsored management development courses. Twenty-one percent of the managers of large homes reported attendance of workshops, 14 percent reported attendance of professions or trade conventions, and 7 percent of the managers had attended adult education courses, vocational education courses, and college courses. Nine percent of the managers of small homes had

attended vocational education courses and professions or trade conventions.

VI. FOOD SERVICE EMPLOYMENT NEEDS

Vacant Positions

Nursing home administrators were asked if vacancies for the positions of dietitians and persons in charge of the food service existed (Table XII, Appendix B). One administrator of a small nursing home indicated a vacancy for a dietitian. One administrator of a large home reported vacant positions but did not indicate whether he was seeking a dietitian or a food service manager. One administrator of a large nursing home reported that the home could not afford to employ a dietitian. Administrators also were asked if new positions for dietitians and persons in charge of the food service would be created in the next five years. Four small nursing homes indicated future needs for a dietitian and two small homes indicated they would need food service managers. Two large nursing homes anticipated needs for both dietitians and food service managers. Three others anticipated needing only food service managers.

Food service managers were asked how many positions were vacant at that time in each of the job classifications (Table XIII, Appendix B). Managers of 100 percent of the small nursing homes reported no vacant positions at the time of the survey. Managers of 93 percent of the large nursing homes indicated no vacancies. A manager of one

large nursing home indicated positions available for one person in the managerial category and one in the supervisory category.

Managers also were asked if they anticipated adding any positions to the food service within the next five years. Managers of 27 percent of the small nursing homes indicated they did anticipate new positions because of expansion of facilities. One manager indicated future positions but had not determined for which classification. One indicated positions for food preparation workers but did not indicate the number that would be needed. Another indicated positions would be available for supervisory personnel and food preparation workers. Managers of 73 percent of the small homes indicated no new positions would be available in the food service department in the next five years. Managers of 43 percent of the large nursing homes anticipated addition of positions because of increased patient load. One manager reported that they were planning to begin serving meals to nursing home employees other than those in the dietary department who were already receiving meals. Thirty-six percent of the managers of large homes indicated positions would be available for food preparation workers, 7 percent indicated positions for food service workers, and 14 percent indicated positions for food sanitation workers. Managers of 43 percent of the large homes did not anticipate new positions to be available within five years.

The managers also were asked in which classification jobs were most difficult to fill. Four managers of large nursing homes and two of small homes indicated the managerial category was most difficult to

fill. Some reasons given for this response were lack of educated people and lack of experienced people in the geographic area. Two managers of large homes and three of small homes indicated the supervisory category as being most difficult to fill because of lack of experienced people available and lack of knowledge in food preparation. Five managers of large homes and three of small homes reported that food preparation workers were most difficult to replace. One manager from each category reported that the food sanitation worker was most difficult to replace. The small home manager stated that this possibly was because men do not like to do sanitation work.

Labor Turnover

In other studies labor turnover has been recognized as a problem in food service departments (Peay, 1969; Alphin, 1970 and Wilson, 1970). In the present study, only one administrator, from the large nursing home group, mentioned labor turnover as a problem related to food service personnel. One administrator of a large nursing home reported 10 percent employee separation in the food service during the month preceding the survey. No separations were reported by administrators of small nursing homes. Five administrators of large nursing homes and two administrators of small nursing homes did not respond to the question regarding total number of separations in the food service. Food service managers of 43 percent of the large nursing homes indicated that the greatest amount of labor turnover occurred in the food preparation worker category (Table XIV, Appendix B). Food service workers and food sanitation

workers had the next highest rate of turnover (21 percent). Managers of 44 percent of the small nursing homes reported that the greatest amount of turnover in their food services occurred in the food preparation worker category. Two managers of small nursing homes (18 percent) indicated that the highest turnover occurred with food sanitation workers.

VII. EXISTING TRAINING PROGRAMS

Food service managers were asked to indicate the types of training programs in which their employees had participated during the last two years. Managers of 57 percent of the large nursing homes reported that there had been no participation in any type of training program during the last two years. One manager of a large home reported that supervisory personnel had attended a health department food handling sanitation course; and food preparation workers, food service workers, and food sanitation workers had attended inservice training. One manager of a large nursing home reported that food sanitation workers attended inservice training from Nashville twice a month. Another manager in this category reported that food sanitation workers attended inservice training by the American Dietetic Association for one hour once a month. Managers of 64 percent of the small nursing homes reported no participation in training programs during the last two years. One manager of a small home reported that food sanitation workers attended inservice training by the American Dietetic Association once each week.

Vocational education courses were attended by supervisory personnel in 14 percent of the large homes and 9 percent of the small homes (Table XV, Appendix B). Food preparation workers, food service workers and food sanitation workers in 18 percent of the small homes also attended vocational education courses. Adult education courses were attended by supervisory personnel and food preparation workers in 7 percent of the large homes and by food preparation workers, food service workers, and food sanitation workers in 9 percent of the small homes. In the large nursing home category, workshops were attended by all employee classifications in one home and attended in two homes by managerial personnel. Managerial personnel in 18 percent of the small nursing homes and food preparation workers in 9 percent of the small homes participated in workshops. Professional or trade conventions were attended by managerial personnel in one large home and by supervisory personnel in one small home. Managerial and supervisory personnel of 7 percent of the large homes attended college courses.

Formal training programs were reported to exist in 7 percent of large and 9 percent of small nursing homes. Types of training programs and people responsible for the training are shown in Table XVI; Appendix B. One large nursing home provided classroom education taught by the food service manager. Other food service personnel and personnel department employees were responsible for all training that was done in the small nursing home category. Indoctrination was the type of training used most frequently by nursing homes.

CHAPTER V

SUMMARY

Employment and training needs of 25 nursing home food service departments in West Tennessee were investigated. These were grouped according to bed capacity into two categories: (1) 25 to 50 beds; and (2) 50 to 300 beds. Information was obtained by means of questionnaires and personal interviews with nursing home administrators and food service managers.

Food service managers were asked for their opinions concerning the responsibilities and importance of training for nursing home food service personnel in each of five categories: managerial, supervisory, food preparation worker, food service worker, and food sanitation worker.

Management principles was considered as the most important skills area for managerial personnel. However, none of the large nursing homes in the group surveyed were conducting managerial training in any area and only one small nursing home indicated training in quantity food preparation and service, menu planning, and use and care of equipment. In general, managers of large homes indicated managerial training as the responsibility of an outside agency whereas managers of small homes noted that the nursing home should be responsible.

Managers of large homes regarded principles of nutrition and diet therapy as most important for supervisors. Managers of small homes

indicated more frequently that human relations was the most important skill. Managers of large nursing homes considered training for the supervisory category as the responsibility of the nursing home for all areas except principles of nutrition and diet therapy. Only one large nursing home and one small home were conducting training for supervisors.

Managers of 79 percent of the large nursing homes and 64 percent of the small homes considered sanitation and personal hygiene the most important skills and knowledge for food preparation workers. Only 21 percent or less of the managers of large homes indicated present training in this category. Managers of small nursing homes indicated no current training programs. Managers of large homes generally regarded training as a nursing home responsibility; managers of small homes considered training of food preparation workers as a shared responsibility.

Managers of 79 percent of the large group and 73 percent of the small group regarded sanitation and personal hygiene as most important of the skills and knowledge listed for food service workers. Fifty percent or more of the managers of large nursing homes thought that the responsibility for training food service workers should be assumed by the nursing home. However, only one large home reported current training. Managers of small nursing homes felt that the training responsibility should be shared by the nursing home and an outside agency. None of the small homes were training at the time of the survey.

Managers of 93 percent of the large homes and 82 percent of the small homes considered sanitation and personal hygiene the most important of the skills and knowledge for food sanitation workers. Fifty-seven

percent or more of the managers regarded training as a nursing home responsibility. Twenty-one percent indicated current training. Forty-four percent or more of the small homes considered training a shared responsibility, but none of them were conducting training programs.

When nursing home administrators were asked what they considered as the major problems related to food service personnel, the most frequent response was lack of qualified personnel. Perhaps training might be one answer to this problem.

Nursing home administrators were asked to list qualifications they would look for in a food service manager. Experience was the qualification mentioned most often. Others were job knowledge, dedication, leadership, reliability, ability to supervise personnel, and ability to prepare therapeutic diets.

Employment needs of the 25 nursing homes surveyed consisted of positions for a dietitian, a food service manager, and a food service supervisor. Anticipated employment needs included personnel for each employee classification with food preparation worker most frequently forecasted.

This study indicated that some present and anticipated future vacancies in nursing home food service departments do exist. The need for training for food service workers is indicated by the small percentage of nursing homes conducting personnel training programs. Even though training did exist in some nursing homes in the survey, the areas of skills and knowledge considered most important for employees were not always the areas being taught.

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CRANES & REST

LIST OF REFERENCES

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APPENDIXES

CRANES & CREST

CRANES & GREST

APPENDIX A

Dear

In order to identify present training needs for food service personnel in nursing home dietary departments in Tennessee, we are initiating a pilot study of selected nursing homes to be used as a basis for a more detailed survey later on.

The purpose of this study is to provide basic factual information needed for the development of meaningful educational programs for the food service industry throughout the state.

Realizing that everyone in administration is more than busy, we would be most appreciative of your cooperation in filling out the enclosed short questionnaire. Please return the questionnaire by

Sincerely,

Mary Jo Hitchcock, Ph. D.
Associate Professor

Enclosures

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION

THE UNIVERSITY OF TENNESSEE, KNOXVILLE

SURVEY OF NURSING HOME FOOD SERVICE DEPARTMENTS

QUESTIONNAIRE I

Please check and/or answer each item in the space indicated:

1. Nursing Home _____
2. Address _____
3. Number of beds _____
4. Is your food service department operated by:
(a) the nursing home _____ (b) contract food service _____
(c) others (specify) _____
5. What groups other than residents are served meals by the food service department:
(a) personnel _____ (b) visitors _____ (c) others
(describe) _____

6. Are you planning an expansion program within the next five years:
(a) yes _____ (b) no _____
7. If yes, how many additional beds _____

TABLE VII

LIST OF LICENSED NURSING HOMES IN TENNESSEE BY NUMBER OF BEDS^a

	Number of Beds					Total
	0-25	26-50	51-100	101-150	150-30	
West	8	22	16	5	2	53
Middle	26	32	22	4	1	85
East	24	18	18	1	2	63
Total	58	72	56	10	5	201

^aDirectory of Nursing Homes, 1969 (Nashville: Hospital Licensing Board, Nashville, Tennessee).

Dear

As basis for future development of food service training programs, a study conducted by the Department of Food Science and Institution Administration at The University of Tennessee, Knoxville, is being conducted to investigate the training needs of food service personnel in Tennessee. Your administrator has graciously accepted to continue the study in this nursing home. A thirty-minute appointment for an interview with you was established to occur on [redacted]. If this appointment is not correct, please notify me as soon as possible by calling (901) 424-0424.

In a previous study, food service managers indicated that answering the enclosed questionnaire in advance of the interview would provide more time for study. Your response to this questionnaire will provide useful information in assessing the training needs of food service personnel. If difficulty is encountered in answering the questionnaire, it can be answered during the interview. The questionnaire will be collected at the interview.

Your cooperation in supplying information for the study is greatly appreciated. The interviews will be conducted by Mrs. Bettye Smith, 708 West Forest, Jackson, Tennessee.

Sincerely,

Mary Jo Hitchcock, Ph. D.
Associate Professor

MJH/ws

Enclosure

II. Code _____

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE

SURVEY OF NURSING HOME FOOD SERVICE PERSONNEL
QUESTIONNAIRE II. TO FOOD SERVICE MANAGERS
QUESTIONNAIRE II INSTRUCTIONS

NURSING HOME _____

LOCATION _____
(Street Address) (City)

The tasks, skills, and knowledge of food service personnel are divided into five job classifications.

1. Managerial: Dietitians, food service managers
2. Supervisory: Food service supervisors for both food preparation and service.
3. Food Preparation Workers: Cooks, bakers, salad preparation workers and helpers.
4. Food Service Workers: Waitresses, counter attendants or cafeteria aides, and related positions.
5. Food Sanitation Workers: Dish washers, pot and pan washers, porters.

If an employee performs tasks in other than his own department, but one of these tasks is performed in the food service department then he should be included in the category in which the greater part of his duties fall (60 percent).

Training will be considered to be any type of preplanned sequence of experiences designed to increase the skills and knowledge of the employees.

Please read the tasks, skills, and knowledge required to personnel in each job classification listed on the following pages. Complete the following instructions.

1. If you think additional tasks are required in any job classification, write them at the bottom of the list.
2. In the skills and knowledge list (see pages 2, 3, 4, 5, 6, 7) indicate with a check (x) the areas in which you think training ought to be a nursing home responsibility; the areas in which you think training ought to be the responsibility of other agencies such as governmental, educational or professional agencies; the areas in which you think training should be a shared or mutual responsibility between nursing homes and other agencies; or the areas

in which food service personnel have previously been trained in this nursing home food service.

3. In the skills and knowledge list, circle the areas in which you think are the most important for food service personnel in the various job classifications to know in order to perform their job proficiently.

EMPLOYEE
CATEGORY: Managerial--Dietitians and Food Service Managers.

GENERAL
TASKS: Plans, organizes, directs, coordinates and controls human, physical and financial resources of food service departments in order to achieve department and organization goals. If part of a larger system, interprets departmental goals, objectives, and needs.

SPECIFIC
TASKS
PERFORMED: Plans and directs operation of food service department. Procures or consults in procuring food and supplies and equipment. Maintains adequate record keeping and cost control measures. Studies and analyzes records and procedures to improve utilization of departmental resources. Plans or directs planning menus according to nutrition principles, directs food preparation and service. Maintains appropriate sanitary and safety standards. Selects, trains, supervises, and evaluates personnel according to job performance standards. May instruct groups or individuals in nutrition or diet selection. May write for technical journals or prepare educational material on food and proper nutrition.

	Responsibility should be assumed by			Nursing Home Now Trains
	Nursing Home	Outside Agency	Shared	
Skills and Knowledge ¹				
Management Principles				
Food Procurement				
Record Keeping (financial, personnel)				
Human Relations				
Communications				
Layout and Design of Equipment and Plant				
Human Nutrition and Food Science				
Quantity Food Preparation and Service				
Menu Planning				
Personnel Administration				
Use and Care of Equipment				

¹ Check areas in this column that are most important for this employee category.

EMPLOYEE CATEGORY: Supervisory: Food service supervisors for both food preparation and service.

GENERAL TASKS: Uses independent judgment to direct activities of subordinate personnel in such a way that plans, policies, and directions of management are carried out.

SPECIFIC TASKS PERFORMED: Supervised employees in food service department, in production, and service, and in maintaining cleanliness of department and equipment. "Instructs workers in methods of performing duties and assigns and coordinates work of employees to promote efficiency of operations."² Keeps and maintains records as directed by management such as meals served, food cost, usage level of food and supplies. May supervise service of meals to nursing home patients and assist in planning modified diets. May assist management in purchasing and procurement of food and supplies, cost accounting, evaluating and training employees, and planning for change.

	Responsibility should be assumed by			Nursing Home Now Trains
	Nursing Home	Outside Agency	Shared	
Skills and Knowledge				
Menu Terminology				
Principles of Nutrition and Diet Therapy				
Use and Care of Equipment				
Human Relations				
Communications				
Sanitary and Safety Standards				
Mathematics as Related to Cost Control				
Principles and Standards of Quantity Food Service and Preparation				
Effective Use of Non-Supervisory Personnel				
Maintaining Records				

²U. S. Department of Labor, 1965. Dictionary of Occupational Titles, Vol. I, 3rd Ed., p. 294 (Washington, D. C.: U. S. Government Printing Office).

EMPLOYEE CATEGORY: Food Preparation Workers: Cooks, Bakers, Salad Preparation Workers and Helpers.

GENERAL TASKS: Performs operations necessary to convert raw food to product ready for distribution and service.

SPECIFIC TASKS PERFORMED: Under the direct supervision of the Chief Cook, performs preliminary processes of preparing food to be cooked such as washing, dicing, peeling, slicing, etc., weighing or measuring food if necessary. Combines food items according to prescribed recipe. Cooks food by appropriate method following specified procedure. Prepares food for service by slicing, portioning, panning garnishing, etc.³ Evaluates product.

	Responsibility should be assumed by			
	Nursing Home	Outside Agency	Shared	Nursing Home Now Trains
Skills and Knowledge ⁴				
Human Relations				
Communications				
Sanitation and Personal Hygiene				
Menu Terminology				
Principles of Nutrition, as Related to Food Preparation				
Use of Standardized Recipes				
Principles of Quantity Food Preparation				
Food Preparation for Modified Diets				
Quality Standards of Food--Proper Food Handling and Storage				
Use and Care of Equipment				
Safety--Food and Personal				
Basic Mathematics				
Work Simplification				
Supervisory Techniques				

³ U. S. Department of Health, Education, and Welfare, 1961. Food service industry training programs and facilities. Vocational Division Bulletin 298, p. 12 (Washington, D. C.: U. S. Government Printing Office).

⁴ Check areas in this column that are most important for this employee category.

EMPLOYEE CATEGORY: Food Service Workers: Waitresses, cafeteria aides or counter attendants and related positions.

GENERAL TASKS: Serves food to residents and others in specified manner.

SPECIFIC TASKS PERFORMED: Portions food into dishes. Serves food for resident meals or on cafeteria line. Takes orders and serves food at tables. Sets up steam table or cafeteria counter for service. Changes linen and sets tables. May assemble food onto residents trays and serve trays to residents. May visit residents to collect menus. May clear tables and return dishes to kitchen. May collect residents trays for return to kitchen. May work at soda fountain. May clean silver and make coffee. May perform other miscellaneous tasks related to serving food.

Skills and Knowledge	Responsibility should be assumed by			Nursing Home Now Trains
	Nursing Home	Outside Agency	Shared	
Human Relations				
Communications				
Sanitation and Personal Hygiene				
Safety--Food and Personal				
Food Display and Service				
Quality Standards for Food				
Use and Care of Equipment				
Menu Terminology				
Limited Knowledge of Food Preparation				
Work Simplification				
Limited Knowledge of Modified Diets				

EMPLOYEE CATEGORY: Food Sanitation Workers: Dishwashers, pot and pan washers, and porters.

GENERAL TASKS: Maintains sanitary standards of utensils and equipment used in food preparation and service. Maintains sanitary standards of physical plant.

SPECIFIC TASKS PERFORMED: Washes and sanitizes dishes, pots and pans. Cleans heavy stationary equipment and walk-in-refrigerators. Sweeps and mops floors. Remove trash and garbage. May wash walls and windows. May assist in moving supplies. May assist in simple food preparation such as breaking eggs, opening cans and packaged items, and preparing produce. May transport food service equipment such as food carts.

	Responsibility should be assumed by			Nursing Home Now Trains
	Nursing Home	Outside Agency	Shared	
<u>Skills and Knowledge</u>				
<u>Human Relations</u>				
<u>Communications</u>				
<u>Sanitation and Personal Hygiene</u>				
<u>Safety--Food and Personal</u>				
<u>Use and Care of Equipment</u>				
<u>Work Simplification</u>				

Check the type of training programs that your employees have participated in the last two years.

Employee Classi- fication	Type of Training Program					
	Vocation Education Courses ⁵	Adult Education Courses ⁶	Workshops	Profession or Trade Conventions	College Courses	Other (Specify)
Managerial-- not Interviewer						
Supervisory						
Food Preparation Workers						
Food Service Workers						
Food Sanitation Workers						

If you have personal comments to make about this questionnaire please write them on this page.

⁵ Vocation education program is a series of comprehensive courses designed to teach a specific skill or area of knowledge.

⁶ Adult education program is only one or several courses designed to teach a unit or area of knowledge.

DEPARTMENT OF FOOD SCIENCE AND INSTITUTION ADMINISTRATION
THE UNIVERSITY OF TENNESSEE, KNOXVILLE

SURVEY OF NURSING HOME FOOD SERVICE PERSONNEL
QUESTIONNAIRE III. TO SELECTED NURSING HOMES

NURSING HOME _____

LOCATION _____
(Street Address) (City)

I. ASK THE NURSING HOME ADMINISTRATOR:

1. (a) What is your job title _____
- (b) Your name _____
- (c) How many years have you been administrator of this nursing home _____

2. Is this nursing home operated by a hospital or any other type of special patient care institution: (a) yes _____ (b) no _____
(If no, proceed to question 4.

3. What is the name, location, and bed capacity of the hospital or special patient care institution:

	Name	Location	Bed Capacity
(a)	_____	_____	_____
(b)	_____	_____	_____

4. As a nursing home administrator, what do you consider your major problems relating to food service personnel:

(a) _____	(b) _____
(c) _____	(d) _____

5. What are qualifications you look for when you hire a person to be in charge of this food service:

(a) _____	(b) _____
(c) _____	(d) _____

6. Does this food service receive regular services of a dietary consultant: (a) yes _____ (b) no _____.
7. Are positions for dietitians and persons in charge of the food service presently vacant: (a) _____ (b) no _____ (If no, proceed to question 10).
8. What is the number of vacant positions for dietitians and persons in charge of the food service: (a) dietitians _____ (b) food service managers _____.
9. What was the total number of separations in food service during the past month. _____. What was the average number of persons on the payroll during the past month _____.
10. Will new positions for dietitians and persons in charge of the food service be created in the next five years: (a) yes _____ (b) no _____ (If no, proceed to next part of questionnaire).
11. What will be the number of future created positions for dietitians and persons in charge of the food service: (a) dietitians _____ (b) food service managers _____.

II. ASK PERSON IN CHARGE OF THE FOOD SERVICE:

A. Food Service Manager's Education Qualifications

1. What is your job title: _____ Name _____
2. Had you had previous work experience in the food service field before you became employed by this institution: (a) yes _____ (b) no _____ (If no, proceed to question 4).
3. How many years have you had work experience in the food service field prior to being employed by this institution: (a) less than 1-year _____ (b) 1-4 years _____ (c) 5-9 years _____ (d) 10-14 years _____ (e) 15 years or longer _____.
4. How many years have you worked in this food service: (a) less than 1-year _____ (b) 1-4 years _____ (c) 5-9 years _____ (d) 10-14 years _____ (e) 15 years or longer _____.
5. How many years have you been in charge of this food service: (a) less than 1-year _____ (b) 1-4 years _____ (c) 5-9 years _____ (d) 10-14 years _____ (e) 15 years or longer _____.

6. How many years of formal education have you completed:
(Circle last year completed) (Dietetic internship and a
Master's degree count one extra year each) 1 2 3 4 5 6
7 8 9 10 11 12 13 14 15 16 17 18.
7. During your formal education did you receive training in
the food service field: (a) yes _____ (b) no _____ (If no,
proceed to question 9).
8. Which of the following education programs did you attend
and graduate: (a) high school home economics _____ (b)
vocational education program _____ (c) adult education
program⁸ _____ (d) 2-year Junior or community college
_____ (e) 4-year college _____ (f) other (specify) _____.
9. Are you a member of the American Dietetic Association or
other professional organizations: (a) yes (specify) _____
(b) no _____.
10. Have you attended continuing education or training pro-
grams in the food service field in the last 2 years:
(a) yes _____ (b) no _____ (If no, proceed to next part
of questionnaire).
11. Which of the following types of education or training
programs did you attend: (a) nursing home sponsored
management development course (b) adult education courses⁸
_____ (c) vocation education courses _____ (d) workshops
_____ (e) professions or trade conventions _____ (f)
college courses _____ (g) other specify _____.
12. Which of these do you feel would be most helpful in your
particular job: (only one answer) _____

B. Employment Needs

1. What is the total number of food service employees includ-
ing the manager: _____.
2. How many of these are: (a) full time _____ (b) part time _____

⁷Vocation education program is a series of comprehensive courses
designed to teach a specific skill or area of knowledge.

⁸Adult education program is only one or several courses designed
to teach a unit of a skill or area of knowledge.

3. How many are in these job classification: (a) managerial _____ (b) supervisory _____ (c) food preparation workers _____ (d) food service workers _____ (e) food sanitation workers _____.
4. How many vacant positions do you have at the present in each of these job classifications: (a) managerial _____ (b) supervisory _____ (c) food preparation workers _____ (d) food service workers _____ (e) food sanitation workers _____.
5. In which classification do you have the greatest labor turnover: (a) managerial _____ (b) supervisory _____ (c) food preparation workers _____ (d) food service workers _____ (e) food sanitation workers _____.
6. In which classification are jobs most difficult to fill: (a) managerial _____ (b) supervisory _____ (c) food preparation workers _____ (d) food service workers _____ (e) food sanitation workers _____.
7. In this category why do you think it is the most difficult to fill: _____

8. Do you anticipate adding any positions to your food service within the next five years: (a) yes _____ (b) no _____
(If no, proceed to next part of questionnaire).
9. For what reason do you plan to add new positions _____

10. Which classifications will new positions be created: (a) managerial _____ (b) supervisory _____ (c) food preparation workers _____ (d) food service workers _____ (e) food sanitation workers _____ (f) classification not determined _____.

C. Existence of Training Programs

1. How many of your employees have had some formal training⁹ in the food service field before being hired: _____

⁹Formal training conducted either on or off the job premise includes a preplanned sequence of experiences designed to increase skills and knowledge of the trainee (Jolin et al., 1968).

2. How many of your employees have not had some formal training in the food service field before being hired: _____
3. Does a formal training program exist in this food service:
(a) yes _____ (b) no _____ (If no, this questionnaire is completed).
4. Indicate the types of training programs and the people who do the training (on the following chart).

Type of Training Program	People who do training				
	Food Service Manager	Staff Dietitian	Supervisor	Other Food Service Employees	Personnel Department Employees
Indoctrination ¹⁰					
Orientation ¹¹					
Supervised on-the-job Training ¹²					
Classroom Education ¹³					
Other (Specify)					

¹⁰Indoctrination is the process of introducing an applicant to the institution, explaining the objectives, policies, and regulations of the institution, and describing the job being considered (Harwood et al., 1968).

¹¹Orientation is the process of acquainting the employee to his new work surroundings and to the person with whom he will work (Harwood et al., 1968).

¹²Supervised on-the-job training is the instructional process conducted by a designated person (usually the employee's immediate supervisor) whose instruction should increase the skills and knowledge of the employee up to a satisfactory level for job proficiency (Harwood et al., 1968).

¹³Classroom education training program conducted in a classroom environment consists of organized, preplanned subject material designed to meet the particular educational needs of the trainees (Harwood et al., 1968).

APPENDIX B

TABLE VIII

MAJOR PROBLEMS RELATED TO FOOD SERVICE PERSONNEL AS REPORTED
BY NURSING HOME ADMINISTRATORS^a

Problem	Nursing Home Category	
	Large ^b	Small ^c
Sanitation	14	--
Use of special equipment	7	--
Cooking too much food	7	--
Qualified personnel	14	18
Feeling of isolation among personnel	7	--
Labor turnover	7	--
Low pay	7	--
Poor attitudes, complacency	7	--
Cooks	--	9
Special diets	--	9
General and technical education	--	9
No problems	43	36

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE IX
QUALIFICATIONS OF FOOD SERVICE MANAGERS DESIRED BY NURSING
HOME ADMINISTRATORS^a

Qualification	Nursing Home Category	
	Large ^b	Small ^c
Education	29	--
Competence, intelligence	14	--
Job Knowledge	21	--
Dedication	7	--
Leadership	7	--
Reliability	7	--
Neatness	29	27
Interest in job	29	--
Ability to get along with others	7	27
Ability to supervise personnel	--	9
Experience	71	44
Cooking experience	14	9
Training	14	27
Ability to prepare therapeutic diets	--	18

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE X
 LENGTH OF EMPLOYMENT OF FOOD SERVICE MANAGERS
 BY THEIR PRESENT INSTITUTION

Employment	Number of Managers	
	Large ^a	Small ^b
Less than 1 year	3	--
1-4 years	3	3
5-9 years	6	5
10-14 years	1	2
15 years or longer	1	--

^aLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^bSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE XI
TYPES OF EDUCATIONAL OR TRAINING PROGRAMS ATTENDED
BY FOOD SERVICE MANAGERS^a

Type of Training Program	Nursing Home Category	
	Large ^b	Small ^c
Nursing home sponsored management development course	--	--
Adult education courses	7	--
Vocational education courses	7	9
Workshops	21	--
Professions or trade conventions	14	9
College courses	7	--

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE XII

NUMBER OF PRESENT AND ANTICIPATED VACANCIES AS INDICATED
BY NURSING HOME ADMINISTRATORS

Vacancy	Present		Anticipated	
	Large ^a	Small ^b	Large ^a	Small ^b
Dietitian	--	1	2	4
Food Service Manager	--	--	5	2

^aLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^bSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE XIII

PRESENT AND ANTICIPATED VACANCIES AND DIFFICULTY OF REPLACEMENT
AS REPORTED BY FOOD SERVICE MANAGERS^a

Employee Category	Present		Anticipated		Indications of Replacement Difficulty	
	Large ^b	Small ^c	Large	Small	Large	Small
Managerial	9	--	--	--	29	18
Supervisory	9	--	--	9	14	27
Food Preparation Worker	--	--	36	18	36	27
Food Service Worker	--	--	7	--	--	--
Food Sanitation Worker	--	--	14	--	7	9

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE XIV

EMPLOYEE CATEGORIES OF GREATEST LABOR TURNOVER AS REPORTED
BY FOOD SERVICE MANAGERS^a

Employee Category	Nursing Home	
	Large ^b	Small ^c
Managerial	--	--
Supervisory	--	--
Food Preparation Worker	43	44
Food Service Worker	21	--
Food Sanitation Worker	21	18

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE XV

TYPES OF TRAINING PROGRAMS PARTICIPATED IN BY FOOD SERVICE
PERSONNEL^a IN THE LAST TWO YEARS

Employee Classification	Type of Training Program									
	Vocational Education Courses		Adult Education Courses		Workshops		Professional or Trade Conventions		College Courses	
	Large ^b	Small ^c	Large	Small	Large	Small	Large	Small	Large	Small
Managerial	--	--	--	--	14	18	7	--	7	--
Supervisory	14	9	7	--	7	--	--	9	7	--
Food Preparation Workers	--	18	7	9	7	9	--	--	--	--
Food Service Workers	--	18	--	9	7	--	--	--	--	--
Food Sanitation Workers	--	18	--	9	7	--	--	--	--	--

^aExpressed as percents.

^bLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^cSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

TABLE XVI

TYPES OF EXISTING TRAINING PROGRAMS AND PEOPLE RESPONSIBLE FOR TRAINING

Type of Program	Person Responsible for Training									
	Staff Dietitian		Food Service Manager		Supervisor		Other Food Service Personnel		Personnel Department Employees	
	Large ^a	Small ^b	Large ^a	Small ^b	Large	Small	Large	Small	Large	Small
Indoctrination	1	--	2	--	1	--	1	1	--	1
Orientation	--	--	--	--	1	--	--	1	--	1
Supervised on-the-job training	--	--	--	--	1	--	1	1	--	1
Classroom education	--	--	1	--	--	--	--	--	--	--

^aLarge sample included 14 nursing homes in West Tennessee, 50 beds or larger.

^bSmall sample included 11 nursing homes in West Tennessee, 25-50 beds.

VITA

Bettye Hopper Smith was born in Jackson, Tennessee. In 1945 she entered The University of Tennessee, College of Home Economics and graduated in 1949 with a major in Home Demonstration Methods.

Since that time she has held positions as assistant home demonstration agent, The University of Tennessee, Trenton, Tennessee; vocational home economics teacher, Madison County School Board, Jackson, Tennessee; and therapeutic supervisor, Jackson-Madison County General Hospital, Jackson, Tennessee.

She will complete requirements for a Master of Science Degree with a major in Institution Administration in August, 1971. She is presently employed as Food Service Director, Jackson-Madison County General Hospital, Jackson, Tennessee.

She is married to John Sanford Smith and they have three daughters: Mary Elizabeth, Sue Margaret, and Beverly Carol.